

Schedule of Benefits for Yale Police Benevolent Association (YPBA)

The Yale Health medical benefit provides coverage for a wide range of medical expenses for the treatment of illness or injury. It does not provide benefits for all medical care. With your Yale Health benefit, you must directly access the following departments and services at Yale Health Center at 55 Lock Street: Acute Care, Internal Medicine, Obstetrics & Gynecology, Eye Care, and Pediatrics for covered services and supplies under the benefit without a referral. All other departments and services require prior authorization.

The benefit will pay for authorized expenses up to the maximum benefits shown in the Member Coverage Booklet. Coverage is subject to all the terms, policies and procedures outlined in the Member Coverage Booklet. Not all medical expenses are covered under the benefit.

Exclusions and limitations apply to certain medical services, supplies, and expenses.

Late cancellation/no show fees may apply in specialty departments at the Yale Health Center: Allergy, Dermatology, Diagnostic Imaging, Endoscopy, Nutrition, Eye Care, Physical Therapy (all locations), and Specialty Services. Review details at yalehealth.yale.edu/late-cancellation-fees.

Medical Benefit

Plan Maximums	Coverage
Lifetime maximum benefit per person	Unlimited
Annual out-of-pocket limit	Maximum of \$6,350 single/\$12,700 family

Wellness Benefit	Coverage
Routine physical exam	100%
Routine gynecological exam	100%

Vision Care	Coverage
Routine eye examinations including refraction	100%
Maximum benefit per consecutive 12-month period	1 exam

Provider Services	Coverage
Office visits to primary care provider	100%
Specialist office visits	100%
Walk-in clinics non-emergency visit other than Yale Health Center Acute Care	Not covered
Physician services for inpatient facility and hospital visits	100%
Allergy testing and treatment	100%

Allergy injections	100%
Immunizations other than those required for travel	100%
Travel immunizations	Not covered
Emergency Medical Services	Coverage
Hospital emergency facility The following locations are the preferred in-network emergency facilities: <ul style="list-style-type: none"> - YNHH Main Campus, 20 York St., New Haven or - YNHH Saint Raphael Campus, 1450 Chapel St., New Haven - YNHH Shoreline Medical Center, 111 Goose Lane, Guilford 	\$70 copay per visit Copay waived if patient notifies Yale Health within 48 hours of visit at 877-947-2273
Non-emergency care in a hospital emergency room	Not covered

Urgent Care Services	Coverage
Urgent medical care at Yale Health Center Acute Care	100%
Urgent medical care at any other facility in CT	Not covered; urgent care services in CT are only covered at the Yale Health Center
Urgent medical care outside of CT provided the visit meets the plan definition of an emergency or urgent condition	\$70 copay per visit

Outpatient Diagnostic and Preoperative Testing	Coverage
Diagnostic and preoperative testing	100%
Complex imaging services¹	100%
Diagnostic laboratory testing at any Quest Diagnostics facility in New England	100%
Diagnostic X-rays	100%

¹ \$35 late cancellation/no-show penalty for the Diagnostic Imaging Department at the Yale Health Center if the appointment is not cancelled/rescheduled at least 24 hours prior to the scheduled appointment.

Outpatient Surgery	Coverage
Outpatient Surgery	100%

Inpatient Facility Expense	Coverage
Hospital facility expense	100%
Inpatient care at Yale Health Center	100%

Infertility Treatment ²	Coverage
Infertility Services	\$20,000 maximum per lifetime
In Vitro Fertilization (IVF)	4 courses of treatment per lifetime

² This is a university lifetime limit per contract unit regardless of carrier chosen.

Behavioral Health and Substance Abuse	Coverage
Inpatient treatment of mental disorders	100%
Outpatient treatment of mental disorders	100%
Inpatient treatment of alcoholism and substance abuse	100%
Outpatient treatment of alcoholism and substance abuse	100%
Residential treatment facility	100%

Obesity Treatment Surgical and Non-Surgical	Coverage
Outpatient obesity treatment	100%
Inpatient morbid obesity surgery includes surgical procedure and acute hospital services	100%

Transplant Services	Coverage
Transplant facility expense and physician services	100%

Other Benefits	Coverage
Home health care outpatient	100% per visit for up to 120 visits per year
Hospice Care inpatient and outpatient	100% for up to 60 days
Private duty nursing inpatient	Not covered

Other Covered Health Expenses	Coverage
Breast pumps when requested within 60 days of the child's birth	Yale Health will provide one electric breast pump every 3 years ³
Cardiac Rehabilitation	36 visits per year, \$10 copay per visit
Chemotherapy	100%
Chiropractic Service	Reimbursed for up to \$50 per visit for up to 12 visits per calendar year
Durable medical and surgical equipment	100%
Electrolysis/hair removal (facial and perineal) with prior approval for covered conditions	Reimbursed for up to \$120 per 60-minute session with a lifetime limit of \$10,000

Endoscopy procedures ⁴	100%
Ground, air, or water ambulance	100%
Hearing aids for children 12 years old or younger with profound hearing loss	100% with a limit of one per ear every 24 months
Infusion therapy	100%
Oral and maxillofacial treatment mouth, jaws, and teeth	100%
Physical Therapy ⁵	100%
Prosthetic devices	100%
Radiation therapy	100%
Speech Therapy	Covered at 80% after \$100 deductible (\$300 per family) to a maximum of \$4000 per injury or illness
Gender Affirming Care Services	100% (subject to eligibility guidelines)

³The cost of another breast pump, other than the model provided by Yale Health, may be eligible for reimbursement of up to \$100.

⁴ \$35 late cancellation/no-show penalty for the Endoscopy Department at the Yale Health Center if the appointment is not cancelled/rescheduled at least seven calendar days prior to the scheduled appointment.

⁵ \$35 late cancellation/no-show penalty for physical therapy appointments at all locations if the appointment is not cancelled/rescheduled at least 24 hours prior to the scheduled appointment.

Pharmacy Benefit

Per Prescription Copay	Network	Out-of-Network
Tier 1 prescription drugs - For each 30-day supply	\$10	The greater of 20% of the price of the drug or the copay
Tier 2 prescription drugs - For each 30-day supply	\$30	The greater of 20% of the price of the drug or the copay
Tier 3 prescription drugs⁶ - For each 30-day supply	\$50	The greater of 20% of the price of the drug or the amount you would pay at the Yale Health Pharmacy

⁶If you request a brand-name medication when a generic is available, you pay the difference in cost between the brand-name and generic medication in addition to your co-pay (or co-insurance). The prescription must state Dispense As Written (DAW) or generic substitution will apply.